TELEVISION ENG BOOKING FORM

DEPARTMENT:				PRODUCER:		PROGRAMME:	
LOCATION:				PROD. ASST.		PROG. DURATION:	
LIIVE/RECORD.	DAY	DATE	TIME	GROUP NAME		ITEM DURATION	
BROADCAST:				LIST ITEMS		BOOKING TIME	FROM / TO

FACILITIES:	CAM	CAM Stand.	CAM Acces	Video Tapes	Mikes (HF)	Audio Tapes	Audio Rec.	P/B	P.A. Speak	Stand.	Lights	Décor	Scaf-folding	Rostra	Return Trans.	SPECIFY OTHERS:
NUMBER *																

STAFF:	PRODUCER	Sound Balancer	Lighting	Camera Operators	Electricians	Production Assistants	Drivers	Carpenters Handy Men	Make-Up Artists	SPECIFY OTHERS	TOTAL
Number *											

SIGNATURES	PRODUCER	CO-ORDINATOR	ENGINEERING	CONFIRMATION	APPROVAL D.G. / D.D.G.

* PUT EXACT No. IN FIGURES N.B. Once this form has been endorsed by the DG or DDG, clearance must be sought for ANY alterations.

ENG/OB CONTENT FORM

MBC TV PRODUCTION DEPARTMENT

THIS FORM, DULY FILLED-IN, SHOULD ACCOMPANY ALL ENG/ OB FORMS

TITLE OF PROGRAMME			DURATION	
SUBTITLE		LANGUAGE:	EPISODE NO.	
MONTHLY:	FORTNIGHTLY:	WEEKLY:	ONE-OFF:	
STORYLINE:				
SYNOPSIS:				
LIST OF INTERVENERS →→→	1.	5.		
MAIN CONTACT PERSON: ..... Tel:	2.	6.		
	3.	7.		
	4.	8.		
DATE OF B/CAST				
NAME OF PRESENTER				
NAME OF PRODUCER				

SIGNATURE OF PRODUCER: ..... DATE: .....